## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2006 8:00 am Secretary of State

Principal Place of Business 230 CANAL ST MIAMI SPGS, FL 33166 US  230 CANAL ST MIAMI SPGS, FL 33166 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Country  Country  Tip  Country  Street Address of New Registered Agent  Name  COAKLEY, NISACHON 230 CANAL ST  Mailing Address  US  03032006 Chg-NP  CR2E037 (11/05)  CR2E037 (11/05)  Applied For Not Applicat  Fee Required  Name  Name  Street Address (P.O. Box Number is Not Acceptable)						
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Suite, Apt. #, etc.  City & State  4. FEI Number 59-2794676  Not Applied For Not App						
City & State  City & State  City & State  City & State  4. FEI Number 59-2794676  Not Applied For Not Applied For Not Applied For S9-2794676  Country  5. Certificate of Status Desired						
Zip Country Zip Country 5. Certificate of Status Desired Status De						
6. Name and Address of Current Registered Agent  COAKLEY, NISACHON  COAKLEY, NISACHON  COAKLEY STATES OF Status Desired Fee Required  Fee Required  Fee Required  Name  Name						
COAKLEY, NISACHON						
COAKLEY, NISACHON						
220 CANIAL CT #202 Street Address (P.O. Boy Number in Not Assentable)						
230 CANAL ST #203  MIAMI, FL 33166  Street Address (P.O. Box Number is Not Acceptable)						
City Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce						
the obligations of registered agent.						
SIGNATURE Was elson Cooking (NOTE: Registered Apen) signature required when reinstating)  DATE						
Filling Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Re Make check payable to						
Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State						
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE D NAME POTONIEC, THADDEUS SIREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL  D Delete NAME NAME STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL  D TD POTONIEC, ThadDeus STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Springs FL 33166						
NAME COAKLEY, NISACHON STREET ADDRESS  230 CANAL ST. #203  Delete  NAME STREET ADDRESS  230 CANAL ST. #203						
STREET ADDRESS 230 CANAL ST.#203 STREET ADDRESS 230 CANAL ST.#203						
CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP MAMI SPRINGS, FL 33166						
TITLE D Delete TITLE COONLEY, VELMA INAME						
STREET ADDRESS 230 CANAL ST #102 STREET ADDRESS						
CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP						
TITLE D Delete TITLE Change Addit						
NAME LEE, CYNTHIA NAME STREET ADDRESS 230 CANAL ST., APT. 202 STREET ADDRESS						
CITY-ST-ZIP MIAMI SGPS, FL CITY-ST-ZIP						
TITLE D Delete TITLE Change Addit						
NAME SANCHEZ, MARY NAME						
STREET ADDRESS 230 CANAL ST APT 201 STREET ADDRESS CITY-ST-ZIP MIAMI SPGS, FL CITY-ST-ZIP						
TITLE PD Delete TITLE Change Addit						
NAME SANCHEZ, CARLOS L NAME						
STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF PI

ATENING OFFICER OR DIRECTOR

3/7/06

Daytime Phone #